			Application or Docket Number										
	PATENT	10829592											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTIT	ry	OR	•	THAN ENTITY
T	OTAL CLAIMS	;	23					RATE	F	EΕ	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 38	5.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			23 minus 20=		• 3			XS 9=			OR	XS18=	54
INDEPENDENT CLAIMS			9 minus 3 =		•			X43=			OR	X86=	86
MULTIPLE DEPENDENT CLAIM PRESENT							+145=	1		OR	+290=		
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2								+		OR	TOTAL	910
	1,1,1			_		, -	OTHER						
11	12/04	(Column 1)		(Colun		(Catumn 3)		SMAL	LENT	ITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RAJE	TIO FI			RATE	ADDI- TIONAL FEE
	Ťotal	- 23	Minus	- 2	3	• —		X\$ 9=			OR	X\$18=	
3	Independent	• 4	Minus	- 7	<u></u>			X43=			OR	X85≈	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											222	
	•							+145=	μ		OR	+290=	-\/_
								TOTA ODIT. FÉI			OR	TOTAL ADDIT. FEE	Ψ
<u>.</u>		(Column 1)		(Coluit		(Column 3)							
AMENDMENT B	4/21/05	REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	TION	VAL		RATE	ADDI- TIONAL FEE
	Total	· 13	Minus	- 2	3	•		X\$ 9=		7	OR	X\$18=	
	Independent	$\cdot 2$	Minus	4	~	=		X43= .	1		OR	X86=	
نـــ	PINST PRESE	NTATION OF MU	LIPLE DEF	ENDENI	CLAIM	<u></u>		+145=	1	П	OR	+290=	
TOTAL ADDIT. FEE										OR ,	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	•	CLAIMS HIGHE REMAINING NUMBER PREVIO AMENDMENT PAID F		ST ER PRESENT USLY EXTRA		ſ	RATE	ADI TION FE	AL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••			1	X\$ 9=	1	\neg	OR	X\$18=	
	Independent	•	Minus	•••			-		 	-1	· •		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X43=										 '	DR	X86=	
A Millio despris patrico di la taca than the area is catione to unite station actions to										OR	+290=		
("If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT FEE											TOTAL DOIT, FEE	
	The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM FTD-878 (Rev. 10/03)

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